## MULTIPLE DEPENDENT CLAIM SERIAL NO. FILING DATE FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) **CLAIMS** AFTER AS FILED AFTER I"AMENDMENT 1 MAMENBACKT AS FILED AFTER AFTER IND. ("ANEXDMENT DEP. IND. DEP. THE MOREMA" I IND. DEP. IND. DEP. IND. DEP. IND. DEP. <u>63</u> <u>79</u> 5 · TOTAL IND. T A \$ TOTALEX \$ P P TOTAL DE **♦**□ TOTALBER **₩ ⟨**¤ TOTAL U.S. DEPARTMENT & COMMERCE